

LABOR LAW CLINIC FACILITIES CHECKLIST

Please furnish a copy of this checklist to the host facility operator as far in advance of the actual Clinic date as seems reasonable.

MINIMUM REQUIREMENTS

Meeting room open from at least 90 minutes before the scheduled starting time to at least 60 minutes after the scheduled ending time	
Able to comfortably seat 125 people with a 15% additional seating capacity, if necessary, with a minimum of 6" between chairs, no one seated at a break between tables, and sufficient space between rows to allow movement behind chairs and in front of next table when seats are filled	
CLASSROOM seating (tables with chairs all facing speaker) IF in other than a theater, and a seating pattern that places the greatest number of people the closest to the speaker ("horizontal," not "vertical," arrangement)	
No. of seats in meeting room should be 15% larger than actual total registrations (to allow the seating of those reserving at the door and Clinic speakers),	
Working microphone system (one microphone only needed) which allows speakers to be clearly heard from any point in the room	
Lectern (table top or floor model)	
Extra tables, at least one 12' total length, for literature display (literature to be provided by DWD) and one 8' length for speakers seating.	
Non-smoking policy in Clinic and meal room. No ash trays out in meeting or meal room	
Napkins, creamer/cream, sugar and sugar substitute, and stirrers or spoons at break table	
Registration table for 2 people, preferably outside the meeting room	
Wastebasket available at registration table for name-tag discards	
No construction, remodeling or major maintenance in immediate area of the meeting during the meeting	
Adequate sound insulation between the meeting room used for this event and any adjacent meeting rooms, if to be used by others while the Clinic is underway	
Adequate parking adjacent to building, including handicapped parking	
Handicapped access to meeting location	
Meal and break setups ready at scheduled break times (note: these detailed times are available at least 4 weeks in advance of the Clinic date)	
For table service meals, please have the salad and bread (if these items have been ordered) already on the table when people arrive. Begin serving the main course as people BEGIN sitting (once aisles are free) and without waiting for people to finish their salads (some people will arrive 5-10 minutes late for lunch and, because of tight schedules, we can't wait for them). Begin serving dessert (if any) as soon as the main course and beverages have been served. Hold off clearing tables once the luncheon speaker begins (if a speaker is scheduled in the same meal area/room)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DESIRABLE FEATURES

Free parking	
Conference/meeting room setting, rather than a theater	
Meal location in different room or area (Note: meal period must be lengthened by 15 minutes if meal is to be consumed at the meeting room tables and more than 50 people are being served)	
Light above or on speaker (regular ceiling or floor light)	
Ice water and glasses on all tables	
Paper and pencil at each table	
Continental-breakfast-type items beginning at 8:00 AM (coffee, tea, rolls, bagels, juice); tea and soda available for ALL breaks	
Cloth covering for tables in meeting room where people will be seated	
Cleanup of meeting room during lunch break	
Check of door hinges, and oil or lubricate to insure quiet operation	
Handout prepared by local co-sponsor of the names and affiliations of all registrants, with sufficient copies for every registrant to have one	
Pay telephone (one or more) available in the building	

LABOR LAW CLINIC FEE CALCULATION WORKSHEET

Use this worksheet to help you decide with confidence what fee should be charged for your Clinic. **THIS IS EXCLUSIVELY FOR YOUR OWN USE; DO NOT RETURN IT TO US.**

Line		
1.	Anticipated MINIMUM number of paid registrations (Use EITHER 1.2% of the advance mailing count or 75, unless a different percentage or count is more appropriate. Contact Mike McCoy to obtain the mailing count figure or otherwise if you wish to verify your estimate.)	
2.	Enter to right the number from Line 1 OR the number 110, whichever is smaller .	
3.	Multiple Line 2 by 12% and enter result to right	
4.	Subtract Line 3 from Line 2	
5.	Number of Clinic "staff" meals to be eaten Estimate 4 for each Clinic) unless you have other information from DWD	
6.	Add Line 4 and Line 5 and enter to right	
LINE 6 IS YOUR MEAL COUNT GUARANTEE FOR THE HOTEL/RESTAURANT. IT INCLUDES A 10% DEDUCTION FOR "NO SHOWS" AND A 2% DEDUCTION FOR NON-EATERS.		
7.	Percent of additional meals allowed by hotel/restaurant above the guarantee count (usually 5% or 10%)	%
8.	Maximum number of extra meals allowed (multiply Line 7 by Line 6) and enter to right	
9.	Maximum total number of meals hotel or facility agrees to serve (add Line 6 and Line 8)	
DO NOT TAKE RESERVATIONS ABOVE THE NUMBER IN LINE 9 ONCE THE FACILITY MEAL COUNT DEADLINE PASSES. OR ACCEPT LATE REGISTRATIONS ONLY AFTER ADVISING LATE REGISTRANTS THEY MAY NOT GET A MEAL.		
10.	"Base" price of each meal (what the hotel/restaurant will charge you before adding sales tax or service charges)	\$
11.	Enter sales tax percentage here (usually 5 or 5.5%)	%
12.	Multiply Line 11 by Line 10	\$

13.	Add percentage to be used for food service tip	%
14.	Multiply Line 13 by Line 12	\$
15.	Add Lines 12 and 14	\$
16.	Estimated total meals cost (multiply Line 15 by Line 6 and enter total to right)	\$
17.	Number of scheduled non-meal breaks (usually 3 each day, including arrival registration time)	
18.	Maximum desired cost per person per break (usually \$3 or less)	\$
19.	Multiply Line 17 by Line 18 and enter total to right	\$
20.	Multiply Line 19 by Line 6 and enter total to right	\$
LINE 20 IS YOUR MAXIMUM BREAK BUDGET		
21.	Cost of Local Co-sponsor supplies (optional name tags, optional portfolios, optional pencils, etc.)	\$
22.	Enter room rent or other facility charges or \$0 if none	\$
23.	Enter any special equipment rental charges or \$0 if none	\$
24.	Multiply Line 1 by \$10 for a one-day Clinic of 3 or more topics	\$
25.	Multiply Line 5 by Line 15 and enter to right	\$
26.	Subtract Line 25 from Line 24 and enter result to right	\$
LINE 26 IS THE ESTIMATED AMOUNT YOU WILL BE EXPECTED TO PAY TO DWD AFTER THE CLINIC. THE PRECISE AMOUNT OF THE REIMBURSEMENT WILL BE BASED ON ACTUAL ATTENDANCE. THIS REIMBURSEMENT MAY BE REDUCED OR WAIVED BY DWD WHERE ACTUAL ATTENDANCE DOES NOT MEET DWD STANDARDS.		
27.	List any other anticipated expenses (if any) here, and enter total at right	\$

28.	Add Lines 16, 20, 21, 22, 23, 26 and 27 and enter total at right	\$
29.	Divide Line 28 by Line 6 and enter result to right	\$
LINE 29 IS YOUR ESTIMATED 'BREAKEVEN' COST PER ATTENDEE		
30.	Amount of total Clinic surplus desired/needed	\$
31.	Line 30 divided by Line 6	\$
32.	Add Line 29 and Line 31 and enter total to right	\$
33.	Enter amount in Line 32 or \$15, which is GREATER	\$
34.	Enter amount in Line 33 or \$50, which is SMALLER	\$
35.	Round off Line 34 to the (nearest or next highest) full dollar and enter to right	\$
LINE 35 IS YOUR CLINIC PER-PERSON REGISTRATION FEE. ADJUST FURTHER AS NECESSARY, SUCH AS WHEN DETERMINING A TWO-DAY REGISTRATION FEE.		

Keep this worksheet for your records. Do NOT submit it to DWD.